

DEPARTMENT OF GENERAL SERVICES
Records Management DivisionSCHEDULE
NO. 1171PAGE
NO. 1

RECORDS RETENTION AND DISPOSAL SCHEDULE

Medical Care Compliance Administration - DHMH

Division of Long Term Care
MR/MH Review

AGENCY		DIVISION
Item No.	Description	Retention
1	<u>Inspection of Care Folders - ICF/MR & MH Facilities</u> Records consist of Inspection of Care Reports, performance sheets, worksheets, drafts, and internal memorandum.	Retain in office for two years after completion of file, then transfer to Records Center for additional three years; then destroy.
2	<u>Inspection of Care Folders - ICF/MR Waiver Programs</u> Records consist of IOC reports, performance and summary sheets; correspondence, worksheets, DDA grant and licenses. Also included is miscellaneous data.	Retain in office for two years, transfer to Records Center for additional three years; then destroy.
3	<u>Statement of Consultant Services/Travel & Expenses Claims</u> - Statement of consultant services and expense records.	Retain in office for two years, transfer to Records Center for additional three years; then destroy.

Schedule Approved by Department,
Agency, or Division Representative

8/29/88

Willard Dixon

Administrative
Specialist

Date

Signature

Title

Schedule Authorized by
Hall of Records Commission

Date

State Archivist

INSTRUCTIONS--TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794		AGENCY RECORDS INVENTORY	
				PAGE <u>1</u> OF <u>3</u>	
1. DEPARTMENT/AGENCY DHMH/MCCA		2. DIVISION Long Term Care		3. UNIT MR/MH Review	
DEFINITION-RECORD SERIES--A GROUP OF RELATED RECORDS NORMALLY FILED AND USED AS A UNIT FOR REFERENCE AS WELL AS RETENTION AND DISPOSITION PURPOSES					
4. RECORD SERIES TITLE Inspection of Care Folders and related materials - ICF/MR & MH Facilities				5. EARLIEST YEAR/LATEST YEAR <u>1986</u> TO <u>1988</u>	
6. RECORD SERIES DESCRIPTION (BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES) Folder consists of the "IOC Report" including the "Facility Performance Sheet", (DHMH 3887), "Summary Sheets", (DHMH 3886), correspondence and "Individual Patient Worksheets", (DHMH 3885) Miscellaneous data includes draft copies of the report and internal memos about activity following up in the IOC report.					
7. RECORD SERIES FORMAT(S) <input checked="" type="checkbox"/> LETTER SIZE <input type="checkbox"/> MICROFILM <input type="checkbox"/> LEGAL SIZE <input type="checkbox"/> COMPUTER TAPE <input type="checkbox"/> BOUND BOOK <input type="checkbox"/> FLOPPY DISK <input type="checkbox"/> AUDIO TAPE <input type="checkbox"/> VIDEO TAPE <input type="checkbox"/> OTHER(SPECIFY) _____		8. RECORD SERIES SEQUENCE <input type="checkbox"/> ALPHABETICAL <input type="checkbox"/> NUMERICAL <input type="checkbox"/> CHRONOLOGICAL <input type="checkbox"/> GEOGRAPHICAL <input checked="" type="checkbox"/> OTHER(SPECIFY) <u>by facility</u>		9. VOLUME <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY) <u>four</u> NUMBER	
				10. ANNUAL ACCUMULATION <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY) <u>two</u> NUMBER	
11. FILE IS USED <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY			12. FILE BECOMES INACTIVE AFTER <u>two</u> after NUMBER MONTH(S) <input checked="" type="checkbox"/> YEAR(S) completion		
13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM) 300 W. Preston Steet, 3rd floor Room 308			14. IS RECORD SERIES DUPLICATED ELSEWHERE? (IF YES, SPECIFY AGENCY OR OFFICE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
15. ACCESS RESTRICTIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, CITE LAW(S) & REGULATION(S)) COMAR 10.01.08			16. AUDIT REQUIREMENTS <input type="checkbox"/> NONE <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEDERAL <input type="checkbox"/> INDEPENDENT		
17. IS AN INDEX SYSTEM USED? (IF YES, EXPLAIN BRIEFLY AND DESCRIBE ANY HARDWARE/SOFTWARE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			18. RECOMMENDED RETENTION Retain in office two years after file is complete. Transfer to State Records Center for an additional three years and then destroy.		
19. NAME AND TITLE OF PREPARER Ruth Bland, L.C.S.W. <i>RJB</i>		20. TELEPHONE NUMBER 225-1716		21. DATE 8/26/88	

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19. NAME AND TITLE OF PREPARER Ruth Bland, LCSW <i>RB/JS</i>		20. TELEPHONE NUMBER 225-1716		21. DATE 7/25/88	

